

SRP 2020 Application, Department of Family Medicine

Open only to University of Tennessee Health Science Center (UTHSC) students

1. Contact Information

Name	
Street Address	
City ST ZIP Code	
Mobile Phone	
UTHSC E-Mail Address	
Are you currently a UTHSC student?	

2. Education

Please list your degree/s in the textbox below, including Major/s and Minor/s. No need for dates.

3. Research Skills or Qualifications

Briefly summarize any research skills and qualifications you have acquired from employment, internship/externship, previous volunteer work, or through other activities.

4. Previous Research

Briefly summarize any previous research project in which you participated as a researcher. If you have not participated in a research project as a researcher, please write N/A.

5. Previous Experience with Literature Searches & Statistical Analyses

Department of Family Medicine 1301 Primacy Parkway, Memphis, TN 38119. P 901.448.7574, F 901.448.2415, stabachn@uthsc.edu

Briefly summarize any previous experience that you may have had doing literature searches (e.g. Pubmed) and statistical analyses (e.g. chi square, etc.). If you do not have any such experience, please write N/A.

6. Research Interests

Briefly describe what clinical research areas or topics in outpatient medicine are of interest to you.

7. Medical Specialty

Briefly state if you are leaning toward or have decided on a medical specialty or practice plan after graduation.

8. Other Summer Opportunities

Briefly summarize what other summer opportunities you are considering (e.g. NIH Medical Student Research Fellowship Program, etc.). Please write N/A if you are not considering any other opportunities.

9. Anything Else?

Please let us know if there is anything else that you would like us to know, including your preference to work either in Memphis or Jackson (Jackson students receive an additional \$300 stipend as an incentive).

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10. Additional Room for Comments

If you need more room for any of your answers/comments, please use the box below.